



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

Common Victualer Application

1. Name: _____
2. Business Name: _____
3. Tax I.D. Number: _____
4. S.S. # of Owner: _____
5. Business Address: _____
6. Owner's Address: _____
7. Phone: _____ Cell # _____
8. Proposed Hours of Operation: Days: _____
9. Hours: _____
10. Description of Premises:

11. Seating Capacity (If Any):

12. Principal Food or Foods Served:

13. Date: _____ Signature of Owner: _____

Once application is back with Selectmen's Office. Selectmen will give you a date to appear before the Board of Selectmen. At this time Selectmen will look over your application and issue a license.

Conditions set by Licensing Board (If Any)
